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Update - March 1993

Loma Linda University Center for Christian Bioethics

Loma Linda University
CENTER FOR
CHRISTIAN BIOETHICS
Volume 9, Number 1 (March 1993)

Update

Loma Linda Offers Master of Arts in Biomedical and Clinical Ethics and Assists Claremont with Theological Degrees

Beginning in the Fall of 1993, Loma Linda University will accept qualified students into a course of study leading to the Master of Arts in Biomedical and Clinical Ethics. This new program is distinctive in at least two ways. First, it integrates the increasingly separate worlds of biomedical ethics ("issues") on the one hand and clinical ethics ("cases") on the other. Second, it explores these matters from Christian points of view that are neither dogmatic nor doctrinaire.

Since the Fall of 1991, a cooperative arrangement has existed between Loma Linda and the School of Theology at Claremont that has enabled a number of students at the multi-denominational seminary to attend classes and receive clinical experience at Loma Linda University Medical Center. These students have worked primarily with M. Jerry Davis, Director of the office of chaplains at Loma Linda and David R. Larson, Co-Director of LLU's Center for Christian Bioethics.

The School of Theology at Claremont is a seminary of the United Methodist Church with more than four hundred students and twenty-eight faculty who come from more than fifty different religious traditions and denominations. It offers courses of study leading to the Master of Divinity and Doctor of Ministry degrees as well as the Master of Arts and Doctor of Philosophy degrees.

The programs at Loma Linda and at Claremont are offered, governed and granted by institutions of higher learning that are independent of each other in every way. Co-operative arrangements have been established, however, that enable Loma Linda students to take selected classes and seminars at Claremont and for Claremont students to participate in courses and gain clinical experience at Loma Linda. This arrangement enables theological students to study on a health sciences campus and for students of the health professions to study on a theological campus.

It is possible for students in virtually any of Claremont's programs to spend some time at Loma Linda. But advanced students in Claremont's doctoral programs may find it especially useful to take advantage of Loma Linda's unique opportunities in the areas of biomedical and clinical ethics as well as pastoral care and clinical ministry.

Further information about the M A program in Biomedical and Clinical Ethics at Loma Linda starts on page 2 of this issue. Information about the Claremont PhD program in Theology and Personality, with an emphasis in Pastoral Counseling, including a possible concentration in biomedical and clinical ethics, starts on page 6. Those who wish additional information about the Loma Linda program should contact Barton Rippon, dean of the Graduate School, Loma Linda University, Loma Linda, California 92350.

Those who wish more information about the Claremont programs should contact Allen J. Moore, Dean and Vice President for Academic Affairs, School of Theology at Claremont, 1325 North College Avenue, Claremont, CA 91711-3199.

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Depo—Provera

The Master of Arts at Loma Linda

The purpose of the course of graduate study leading to a Master of Arts in Biomedical and Clinical Ethics is to prepare qualified persons to engage in education, research and service pertinent to the moral challenges posed by, and experienced within, the various forms of medical inquiry and therapy.

Upon the completion of this degree, many students will turn or return to one of the medical professions. Some will pursue doctoral degrees in biomedical and clinical ethics. Some will seek advanced degrees in law, social work, ministry, psychology and related fields. A few may find part-time or full-time employment as ethics consultants and educators in health-care institutions or agencies. All will proceed to their next academic or professional assignments with a thorough understanding of Christian ethical points of view and their pertinence to medical care, research and education.

The Program in Biomedical and Clinical Ethics is administered by the Faculty of Religion through the Graduate School. It thereby draws upon resources in many sectors of the campus. In addition to the five professional schools within Loma Linda University, and a number of departments within Loma Linda University Medical Center and Loma Linda University Children's Hospital, these resources include the Center for Health Promotion, the Center for Christian Bioethics and the Behavioral Medicine Center.

The Program in Biomedical and Clinical Ethics is supported by the Center for Christian Bioethics in a variety of ways. The Center's Thompson Library, a constantly growing specialized collection with approximately 1,500 volumes to date, aims to become one of the most comprehensive libraries of materials in biomedical and clinical ethics on the Pacific Slope. These materials, which are an especially valuable resource for graduate students, supplement the related holdings in the primary libraries of LLU and nearby institutions.

Admission

In addition to meeting admission requirements for the Graduate School, the applicant must:

1. Propose clear personal and professional goals and ways in which the Program in Biomedical and Clinical Ethics may facilitate their realization and;
2. Persuade the admissions committee by previous accomplishments that he or she is able and willing to reach these goals and to make a distinguished contribution to the field.

Course Requirements

In order to receive the Master of Arts in Biomedical and Clinical Ethics from Loma Linda University, each student must:

1. Complete a minimum of 48 units of course work as herein specified with an overall grade point average of "B" or better, with no grade lower than a "C," and with no grade in a required course lower than a "B-." At least 32 units must be in approved courses numbered 500-699 or their equivalent. The required curriculum will be as follows:

RELE 504	Research Methods
RELE 524	Christian Bioethics
RELE 548	Christian Social Ethics
RELE 554	Clinical Intensive in Biomedical Ethics I
RELE 555	Clinical Intensive in Biomedical Ethics II
RELE 577	Theological Ethics
RELE 588	Types of Ethical Theory
RELE 697	Independent Research
RELE 698	Thesis or Approved Electives

2. Students are able to transfer up to 8 units of approved courses from other institutions into LLU's Program in Biomedical and Clinical Ethics. Such opportunities are available at nearby institutions such as La Sierra University, Redlands University, University of California at Riverside, School of Theology at Claremont, and Fuller Theological Seminary. In addition, prior or current students in LLU's other post-baccalaureate degree programs will be able to petition for credit in this curriculum for up to 12 units of courses completed in their professional studies that are directly related to biomedical and clinical ethics. An illustrative list of such courses will be made available upon request.

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Update

Volume 9, Number 1 (March 1993)

Depo-Provera: Contraceptive Dream or Nightmare?

A Gynecologist's Perspective

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On October 29, 1992, the US Food and Drug Administration approved the use of Depo-Provera for contraception in the USA. It has been previously approved for other medical indications in this country, and has a long history of contraceptive use worldwide. The recent FDA approval has sparked controversy concerning the use of Depo-Provera for contraception, and about contraception in general. This discussion addresses the medical aspects of contraception, and Depo-Provera specifically.

Unwanted pregnancy is a common problem, and the search for an ideal contraceptive continues. Such a contraceptive would have several important characteristics: ease of use and compliance, minimal intervention needed by medical personnel, no need for coitus-related action, ease of return to fertility, protection against sexually-transmitted disease, and an excellent safety profile. No currently available contraceptive ideally meets all these criteria. However, Depo-Provera is an important addition to the spectrum of contraceptives available because of its unique combination of benefits. Data indicate it is the most effective reversible method of fertility regulation available today.

Depo-Provera has been used over the past three decades in over 30 million women in 90 countries, affording opportunity to study the efficacy and safety of the drug.

Depo-Provera, or depot medroxyprogesterone acetate (DMPA), is a long-acting injectable progestogen highly effective in preventing pregnancy when given every three months. Less than 1 percent of women become pregnant during the first year of using Depo-Provera. This rate is comparable to sterilization and subdermal implants, and significantly less than that for oral contraceptives (3%), the IUD (3%), or barrier methods (generally over 15%). There is no need to comply with either daily or coitus-related action to prevent pregnancy with this method. Depo-Provera affords complete contraceptive privacy to the woman for whom this is important, and no medical intervention is necessary to discontinue this method.

Depo-Provera is well-tolerated in extensive clinical trials.

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Some Catholic Moral Reflections

Father Jeremiah J. McCarthy, PhD
Academic Dean
St. John's Seminary
Camarillo, California

The approval of Depo-Provera, licensed in October, 1992, and available in January, 1993, raises a host of ethical considerations. The ethical concerns that have surfaced thus far seem to fall into two categories: first, the medical risks associated with the medications and the potential for the abuse of poor and minority women by state government agencies; and second, the intrinsic significance of contraception as a personal and public practice, a conversation reflected in recent Catholic literature.

Perhaps the most attractive feature of this medication according to the *Medical Ethics Advisor*, (February 1993), is the elimination of the fear of missing a daily dose of contraceptive. At this juncture, critical questions begin to emerge. With the elmination of this fear, the medications can readily be employed by governmental agencies who want to enforce restrictions on unwanted pregnancies as a matter of public policy. This issue is of serious concern to the staff ethicists involved with the Hastings Center Project on the effects of long-term contraceptives. While the policy goals may be worthwhile, such as reducing the incidence of teenage pregnancy, restricting the reproductive freedom of an abusive mother, or increasing the likelihood that poor women may avoid the economic burden of additional children, the ethical concern is the threat to individual liberty resulting from such policy initiatives.

According to Ellen Moskowitz, a member of the Hastings Project, "the potential for coercion comes in when, in the zeal to achieve a policy goal, women are encouraged, manipulated, or perhaps forced to use these long-term contraceptives" (*Advisor*, p. 17). There is evidence for such concerns: Judges in Texas and California who have made Norplant a condition for probation in the case of women convicted of child abuse, the consideration of legislation along similar lines by 13 states although none has implemented such legislation, and the decision by Baltimore health officials to provide Norplant in school-based clinics beginning in January, 1993. As noted, the Hastings Center has commissioned a two-year study with the goal of making specific policy recommendations. A key focus

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Depo Provera: Whitney (*Continued from page 3*)

The most common side effects are menstrual changes. Most women experience irregular bleeding patterns, but their frequency decreases with continued use. After one year 57 percent of women reported amenorrhea, which many women felt was a convenient benefit once they understood that this indicated no medical problem. With long-term use up to 23 percent of patients elected to discontinue use because of menstrual changes.

Other side effects include weight gain, headache, nervousness, dizziness, and fatigue. Weight gain averages 5.4 lbs. after one year of use, and up to 16 lbs. after 6 years of use. The other side effects mentioned are less frequent, often short-lived, and women usually felt these were minor when compared to the convenience of using Depo-Provera.

One reason for the long delay in FDA approval of Depo-Provera was a concern about the increased risk of cancer with long-term use. It is now felt that initial evidence linking its use to breast cancer in beagle dogs does apply to humans. Long-term human studies and other animal studies have not reached similar conclusions. The relative risk of breast cancer with long-term Depo-Provera use has been calculated at 1.21 (95% C.I. 0.96-1.52), and is not statistically significant. There may be a small group of women under age 35 already at increased risk of breast cancer who show an increase in breast cancer during the first three months of using Depo-Provera. This increase does not continue with longer use. No increase in cancer of the ovary or cervix has been documented, and there is a significant decrease in cancer of the endometrium.

One study in New Zealand showed a decreased bone density in those women who had used Depo-Provera for five years compared to control women. This appeared to be reversible after stopping Depo-Provera, and its significance is unclear. Further study is needed to determine whether an increased risk for osteoporosis actually is present with long-term use of Depo-Provera.

Depo-Provera is felt safe to use in breast-feeding mothers when started six weeks postpartum, and can be started immediately after delivery in non-breast-feeding women. There have been no reports of congenital defects in the few fetuses exposed to this contraceptive during pregnancy, and their growth and development is normal at least through puberty. Also, because of its high effectiveness, Depo-Provera is an attractive option for women taking highly teratogenic medications.

Injectable contraceptives such as Depo-Provera do not permanently affect fertility. While for complete contraceptive effectiveness injections are needed every twelve weeks, ovulation and fertility do not immediately return at that point. However, within one year after the last injection almost 70 percent of women had conceived, and more than 90 percent within two years. There is no correlation between the length of use or number of injections and the time to return of ovulation and fertiltiy.

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Depo Provera: McCarthy (*Continued from page 3*)

is the issue of coercion itself. The offer of financial incentives to use the medications, or the choice of either jail time or probation if the woman agrees to use a contraceptive medication, may be a Hobson's choice, that is, no choice at all. The specter of the eugenics movement which clouded the movement for birth control in the early part of the century is also reason for pause. According to Moskowitz, "we do have an important history in this country to look to control of reproduction to solve intractable social problems"(*Advisor*, p. 17).

I do not find the benefits of long-term chemical measures to be compelling or persuasive.

In order to forestall the use of these medications for purposes not intended by the manufacturers, clear protocols for informed consent and careful counseling must be in place. With teenagers particularly, education about the risks is imperative, because of the danger that increased sexual activity will escalate the risks of becoming HIV positive. The likelihood that teenagers will avail themselves of condoms is questionable, and here the discussion joins the debate over school-based clinics and contraceptives, a much controverted public policy matter which I will briefly address at the conclusion.

Ancillary questions also emerge with respect to poor women who may lack the resources to have the medications either removed or continued, and the importance of insuring that physicians do not co-opt the decision-making authority of women by overriding their concerns with larger public policy interests.

The ethical issues raised thus far deal with the potential for abuse, and the appropriate strategy for addressing them appears to lie in well-formulated protocols insuring informed consent, freedom from coercion, and careful, thorough counseling. However, there is another set of concerns that deals with the substantive issue of contraception itself.

Quite apart from the potential abuses of long-term contraceptives ranging from judicially mandated sterilization, or racially motivated sterilization, and the threat to womens' choice and health in developing countries, (i.e., lack of accessibility to skilled medical professionals, lack of follow-up medical care, and poor antiseptic conditions in "Third World" clinics), the ethical presupposition underlying contraception itself is problematic in Catholic moral thought.

Sister Renee Mirkes, writing in the April, 1991, issue of *Ethics and Medics*, argues that contraception is morally objectionable because it "deliberately acts against the basic human good of procreation, a good that, by God's arrangement, is meant to be fostered or respected in every engagement in or

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Depo Provera: Whitney (*Continued from page 4*)

Depo-Provera's mechanism of action involves inhibiting the secretion of pituitary gonadotropins (FSH, LH) which are necessary for normal follicular development in the ovary, and thereby prevents ovulation. The normal endometrial and cervical changes that occur in preparation for a pregnancy are also suppressed. These actions prevent pregnancy from occurring, and thus Depo-Provera is not an abortifacient.

The few contraindications for using Depo-Provera include pregnancy or undiagnosed vaginal bleeding. It is not a good choice for women who cannot or will not return for injections every three months, or those unwilling to experience the menstrual changes associated with Depo-Provera. On the other hand, it is safe and attractive for many women for whom estrogen-containing contraceptives are not an option, such as those with hypertension, renal or hepatic disease, vascular disease, uterine fibroids, and endometriosis. Its convenience makes it an attractive option for institutionalized or mentally retarded women for whom other contraceptive methods are difficult. It is of course imperative that safeguards be followed in the use of Depo-Provera in women who may not be able to give personal informed consent.

While not for every woman, the Depo-Provera method offers to many an attractive, affordable, and convenient method of pregnancy control.

References:

Kleinman RL, Editor. Injectable Contraception Issue, *IPPF Medical Bulletin*. 1992,26:1-5.

Trussell J, Kost K. Contraceptive failure in the United States: A critical review of the literature. *Stud Fam Plann*. 1987;18:237-83.

WHO Collaborative Study of Neoplasia and Steroid Contraceptives. Breast cancer and depot-medroxyprogesterone acetate: A Multinational study. *Lancet*. 1991;338:833-838.■

Depo Provera: McCarthy (*Continued from page 4*)

abstention from marital intercourse"(p. 2). In other words, contraception remains morally problematic from a Catholic perspective because it sunders the linkage between the unitive and procreative meanings of human sexual gesture. This argument does not rest upon a denial of the empirical fact that not every act of intercourse is "naturally" open to the possibility of procreation, nor does the Catholic argument contend that the only valid expression of marital sexual intimacy can only occur in the context of a clearly procreative intention. Rather, the point of the Catholic thesis is that basic human goods, including procreation and marital intimacy, cohere in an interdependent moral order in which the intrinsic value of each "bonum" or "human good" is integrally respected. Pursuing this line of thinking, then, attending to natural biological rhythms to space the size of the family underscores the moral responsibility of both husband and wife, facilitates communication and awareness of the fertility and reproductive power the spouses possess, and, especially in the form of natural family planning (not to be confused with an outmoded and biologically inadequate "rhythm" method), respects the woman's biological integrity by avoiding the harmful side effects of chemical contraception.

This argument has its detractors, of course, even in the community of Catholic moralists, but it also has its champions, and space precludes a full elaboration of all of the issues involved. Nonetheless, I am intrigued by the growing receptivity to the argument especially as the twenty-fifth anniversary of the famous papal encyclical, *Humanae Vitae*, draws near. The argument has been vociferously and effectively defended by Janet Smith in her new book, *Humanae Vitae, A Generation Later*, and by Jacquelin Kasun in her volume, *The War Against Population, The Economics and Ideology of Population Control.*

In conclusion, I find recourse to long-term contraceptive medications to rest on a flawed premise regarding the control of human fertility. All parties agree that it is morally responsible to limit the size of the family under certain conditions, and to avoid pregnancy when it is clearly inappropriate, e.g., teenagers and others lacking the emotional, fiscal and personal maturity to raise a child. The disagreement lies with the means that are chosen. Measures which radically sunder the unitive and procreative meaning of human marital intercourse, are problematic from a Catholic perspective. In addition, use of long-term contraceptives to solve complicated public policy issues such as increased welfare dependency or an escalation of teenage pregnancy substitutes technical means for a thorough-going moral and human response. I am not naively suggesting that the answer lies in merely trumpeting the slogan, "just say no." Rather, I am urging an honest engagement with the real issues that generate poverty and high risk, irresponsible sexual behavior.

Research into teenage pregnancy, for example, clearly establishes a strong correlation between poor self-esteem and the need for personal validation through pregnancy (see the work by Eunice Kennedy Shriver which supports this contention). Moreover, recourse to contraceptives to address this problem neglects the important work of cultivating skills for intimacy which can be taught and learned. Many thoughtful experts on the problem are rightly concerned that increasing access to contraceptives sends the wrong message to young people and contributes to an increase rather than a decrease in sexual activity. On this score, the recent findings of the Center for Disease Control in Atlanta detailing the increasingly early onset of sexual activity, and the report of the New York State Catholic Conference on sex education deserve close inspection.

The use of long-term contraceptive medications is a refinement that raises ethical concerns endemic to the extensive conversation in the ethical literature about contraception itself. Given the proven effectiveness of natural family planning, I do not find the benefits of long-term chemical measures to be compelling or persuasive as a means of addressing public policy or pregnancy issues, and would urge that more attention be given to natural family planning, to moral education, especially education in skills for intimacy and responsible sexual behavior, as truly viable alternatives to Depo-Provera.■

Master of Arts at Loma Linda University

Faculty

Wilber Alexander, PhD Michigan State University 1962
Dean, Faculty of Religion;
Professor of Theology and Clinical Ministry

David R. Larson, DMin School of Theology at Claremont 1973
PhD Claremont Graduate School 1982
Program coordinator; Associate Professor of Christian Ethics; Co-Director, Center for Christian Bioethics

Leigh Bishop, MD University of Texas, Galveston 1980
MA, University of California, Riverside 1992
Associate Professor of Psychiatry

Robert D. Orr, MD McGill University 1966
Associate Professor of Family Medicine
Director of Clinical Ethics,
Loma Linda University Medical Center;
Co-Director, Center for Christian Bioethics

Jack W. Provonsha, MD Loma Linda University 1953
PhD Claremont Graduate School, 1967
Emeritus Professor of Philosophy of Religion and Christian Ethics

James W. Walters, PhD Claremont Graduate School 1979
Professor of Christian Ethics

Associate Faculty

Roy Branson, PhD Harvard University 1968
Adjunct Professor of Christian Ethics

Charles W. Teel, Jr., PhD Boston University 1972
Adjunct Professor of Christian Ethics

Lois Van Cleve, PhD Claremont Graduate School 1985
Professor of Nursing

Gerald R. Winslow, PhD Graduate Theological Union 1979
Adjunct Professor of Christian Ethics

Clinical Faculty

Dennis deLeon, MD University of Tennessee, Memphis 1985*
Assistant Professor of Family Medicine
Clinical ethicist, Loma Linda University Medical Center

Leigh B. Genesen, RN, BA Northwestern University 1991*
Instructor in Family Medicine
Clinical ethicist, Loma Linda University Medical Center

Steven B. Hardin, MD Loma Linda University 1985
Assistant Professor of Medicine

*Anticipated academic appointment: July 1, 1993.

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Comprehensive Examinations

Each student must pass five comprehensive written examinations within a single week. These examinations will test the student's ability to integrate and apply knowledge from the following areas: (1) philosophical ethics, (2) theological ethics, (3) social ethics, (4) biomedical ethics, and (5) clinical ethics. These examinations must be successfully completed before the student defends a thesis or its approved substitutes.

Thesis or Project

Each student must *either* prepare a thesis while registered for RELE 697 and RELE 698 *or* prepare three major papers of publishable quality in courses approved as substitutes by the guidance committee. The student must provide an oral defense of a thesis or three major papers that analyze specific issues, cases, dilemmas or themes in biomedical and clinical ethics. Students must declare whether they intend to write a thesis by the time they complete 12 quarter units in the program.

The Doctor of Philosophy at Claremont

The following is taken from the 1991-1993 *School of Theology at Claremont* bulletin, pages 38-41.

The PhD program in Theology and Personality at STC is designed to prepare students for teaching in colleges or theological schools and for professional leadership in the church and society. It is a theological degree, a research degree, and a professional degree. It requires broad theological knowledge and aims at preparing the student for the competent scholarly development of a special field of study in the context of the theological disciplines. The student is also expected to understand the methodological and epistemological presuppositions of the field of concentration and to become capable of advancing the field through original research.

The degree program emphasizes the professional applicability of the field of research by correlating theoretical and practical course work and by implementing critical reflection on the nature of the interdependence of professional theory and practice, as well as on methods and procedures relevant to it.

STC offers the PhD in Theology and Personality with an emphasis in either Pastoral Counseling or Religious Education. The program in Counseling is designed to train students in the theory of research in the behavioral sciences with emphasis on counseling psychology, and its relationship to theology. In addition, students may prepare for specialized ministries in Pastoral Counseling at an advanced level. Such preparation may require more work than is prescribed in the basic 48 units.

The program in Religious Education integrates theology with educational theory and practice. Students are expected

to achieve advanced competence in theological reflection as well as in educational practice and, through original research, to make a contribution to the development of religious education.

Both programs share a series of doctoral seminars in theology and studies in the human sciences. A thorough knowledge of the history, literature, major theories, and methods of research in the field is expected by the completion of the program.

All students are required to take an English Composition Skills examination on entrance to the program. Based on the evaluation of this exam, students may be required to take a course in English Composition Skills.

Degree Requirements

The PhD program requires General Examinations, language and research requirements, course requirements, an internship, written and oral qualifying examinations, a dissertation and oral defense. At least two semesters of 12 units or three semesters of 8 units are required as a residency requirement. These semesters need not be taken consecutively.

General Examinations

The purpose of the General Examinations is to demonstrate competence in five areas:

1. One examination in Systematic Theology
2. One examination in the field of emphasis: either Pastoral Counseling or Religious Education
3. One examination in the Psychological Sciences
4. Two examinations chosen from the following fields:
    a. Biblical Studies
    b. History of Christianity and Christian Thought
    c. Ethics and Society
    d. History of Religions

Each student in the 48-unit PhD program is required to take at least three examinations during the exam week preceding the beginning of classes in the Fall, before formal study is begun. If the examinations are not passed, the student may expect to be assigned remedial work designed to bring the student to the level of competency presupposed by the PhD program.

Each student entering under the 72-unit provision must take at least three examinations upon entrance to the program. Successful completion of these exams upon entrance may result in reduction of additional units required above the 48-unit program. If three exams are passed, the program will be reduced by 12 units. If all five exams are passed upon entrance, the student will begin study under the terms of the 48-unit PhD program.

Each student who is admitted with an MA in an area other than theological studies and is requried to complete 40 units of additional course work in theological studies, must take and pass three examinations before entering the final 48 units of the PhD program. The remaining two must be passed before registering for the final 24 units of PhD study.

Language and Research Requirements

Students must demonstrate a reading knowledge of either French or German. A second language or a research method appropriate to the student's dissertation is also required. One of these language or research tools must be completed prior to beginning the final 24 units of PhD study.

Course Requirements

A minimum of 48 units of course work must be completed at STC, and more units may be required. The course requirements are as follows:

Emphasis in Counseling

Theology (12)
Courses in one or two of the following areas:

Systematic Theology	Theological Ethics
Biblical Studies	Church History

Cognate Field (8)
Courses in an approved cognate field related to counseling, such as clinical psychology, developmental psychology, etc. The cognate field is ordinarily taken at Claremont Graduate School or with approval at the Department of Pastoral Services, Loma Linda Medical School.

Pastoral Counseling (20)
Courses distributed across supervised counseling (8 units credit; 8 units audit), History, Psychopathology, and Psychotherapeutic Theory and Method. Supervised Counseling provides actual counseling experience under the supervision of STC professors at the Clinebell Institute.

Departmental Seminars (8)
Courses that are (1) relevant both to Pastoral Counseling and Religious Education, (2) integrative of theory and practice in theology and the human sciences, and (3) addressing common themes, including Psychology of Religion, Human Development, Practical Theology, Pastoral Assessment, and Research Methods.

At least one course is to be a Theological Methods course.

Students must take at least one-quarter of approved Clinical Pastoral Education (CPE) prior to admission or during their PhD program. No unit credit is awarded for this requirement.

Emphasis in Education

Theology (12)
Courses in one or two of the following areas:

Systematic Theology	Theological Ethics
Biblical Studies	Church History

Cognate Field (8)
Courses in an approved cognate field related to Education. The cognate field is ordinarily taken at Claremont Graduate School.

Religious Education (20)
Courses distributed across pedagogical theory, history, and social psychological theory.

Department Seminars (8)
Courses that are (1) relevant both to pastoral Counseling and Religious Education, (2) integrative of theory and practice in theology and the human sciences, and (3) addressing common themes, including Psychology of Religion, Human Development, Practical Theology, Pastoral Assessment, and Research Methods.

At least one course is to be a Theological Methods course.

Internship:
At least one semester in full-time advanced internship or field-based research in Religious Education.

Qualifying Exams

Qualifying Exams are taken when the student has completed all course work requirements, the research tool expectations, and the Internship/Residency. The qualifying exams cover five areas, following the areas of the course work requirements. Five written examinations, each four hours in length, are required. An oral examination will be conducted by the student's Guidance Committee. (See Academic Policy Handbook for specific requirements.)

Dissertation Proposal

At the conclusion of the qualifying examinations, the student will present a dissertation proposal to the examining committee. After the proposal has been approved by the Guidance Committee, it will be submitted to the Committee on Academic Procedures. This Committee then recommends the student to the faculty for advancement to Candidacy for the PhD degree.

Dissertation

The student is required to present an acceptable dissertation based upon independent research. The dissertation must demonstrate the student's capacity to relate resources from at least one of the classical theological disciplines (Bible, History of Christianity, Theology, or Ethics) and the resources from Counseling or Education.

The PhD candidate must successfully complete the final oral examination related to the dissertation research. The final oral examination will be conducted by the Guidance Committee plus an outside examiner representing the faculty as a whole.

CENTER FOR CHRISTIAN BIOETHICS
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